

# MARYLAND OFFICE OF HOME ENERGY PROGRAMS

EMPLOYER NAME & ADDRESS:	EMPLOYEE NAME:
	Social Security #:

Dear Employer:

We are requesting verification of wages for the above-named employee. Authorization for the release of this information appears below. Please complete the section(s) that applies. Thank you for your cooperation.

\_\_\_\_\_ Intake Worker & Telephone #

I. Current wages: Please list each paycheck received in the month listed.

Month: _____			Month: _____		
Period Ending	Gross Pay	Date Received	Period Ending	Gross Pay	Date Received
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

<b>II. New Employee</b> First day of work _____ Date first pay received _____ GROSS pay, first check \$ _____	<b>III. Terminated Employee</b> Last day of work _____ Date final pay received _____ Final GROSS pay \$ _____ Total GROSS this month \$ _____
--	---

Signature of Employer:

\_\_\_\_\_  
 Signature Title Date Telephone

I hereby authorize the above-named employer to release to the Office of Home Energy Programs (OHEP) information regarding my employment and wages.

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Applicant (If other than employee) Date